



# **Appendix A Specification**

## **CPH080 Provision of Community Pharmacy Take Home Naloxone Service**

## Evaluation Approach

In assessing the response documents the Council will be seeking evidence of the Potential Providers suitability to deliver the requirements of the contract.

- Responses will be evaluated in accordance with the Evaluation Approach detailed below.
- The provision of false information will disqualify organisations from further consideration

## Service Delivery Requirements

Providers shall complete Appendix B – Proposal Response to Express an interest in becoming an accredited provider for the Provision of Community Pharmacy Naloxone Service.

### Service Eligibility

Only Pharmacies that are currently commissioned by Derbyshire County Council to provide the Supervised Consumption of Methadone or Buprenorphine service and/or Needle and Syringe Exchange and are eligible to deliver the Community Pharmacy Naloxone Service. This is because under regulations that came into force in October 2015 (1), people working in or for drug treatment services can, as part of their role, supply naloxone, for use to save a life in an emergency opioid overdose, without a prescription. Under these regulations, pharmacies that are commissioned by local authorities (2), to provide needle and syringe programmes, or drug opioid substitution treatments, are permitted to issue naloxone without prescription.

### Confirm agreement to the stated requirements of the service

1. PHE (2017) Take-home naloxone for opioid overdose in people who use drugs. Public Health England
2. PHE (2019) Widening the availability of naloxone. Available here <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>. Accessed 24th July 2023

## Additional Information

The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in the response to the requests set out in documents. The Council may seek independent financial and market advice to validate information declared, or to assist the evaluation

Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the timescale given, may mean that your organisation will not be considered further.

## Instructions for Completion

- Responses and comments should be provided in English and should be as accurate and concise as possible.

- Proposal documents should be self-contained and supply all information, which are considered necessary for the accurate evaluation of their proposal.
- Technical and sales literature may be included as part of the proposal document but only as supporting evidence. Replies to questions must be, therefore, complete and not consist of references to such literature.
- The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this document. Failure to provide the required information within the timescale given may mean that your organisation will not be considered further.
- Failure to provide the required information, make a satisfactory response to any question/fully address the requirements of the specification, or supply documentation referred to in responses within the specified timescale may lead to your Tender being judged to be non-compliant.
- If you have any queries regarding how to complete this document, please address them through the questions and answers stage of the Tender.

## Definitions

CYP	Children and Young People
CPR	Cardiopulmonary Resuscitation
DCC	Derbyshire County Council
DRD	Drug Related Deaths
GPhC	General Pharmaceutical Council
NSP	Needle and Syringe Programme
PGD	Patient Group Directive
POM	Prescription Only Medicine
Qualified Provider	are defined as pharmacies that are commissioned by Derbyshire County Council to provide needle and syringe exchange or opioid substitution therapy.
SMS	Substance Misuse Services
SOP	Standard Operating Procedure
THN	Take Home Naloxone

# Specification

## Introduction

Naloxone is the emergency antidote for an overdose caused by heroin or other opiates or opioids, such as methadone, morphine or fentanyl. The main life-threatening effect of heroin and other opioids is overdose, which causes a severely reduced respiratory rate, leading to severe hypoxia, which if not treated as an emergency can be fatal. Naloxone blocks the effects of opioids and reverses the respiratory depression. Its use is widespread across emergency departments and ambulance services, and many thousands of lives have been saved through the professional emergency use of Naloxone.

Drug Related Deaths (DRD) in the UK are at the highest level since recording began, increasing by over 60% in the 10 years to 2020 (1). The majority of DRD relate to accidental overdose of opioids, primarily heroin (2). Take Home Naloxone (THN), involves providing people at risk of opioid overdose, and those who may encounter them, with a supply of naloxone, to use in non-clinical situations, as an emergency response to an overdose, whilst waiting for emergency services to arrive. THN is an evidenced based approach to reducing DRD. THN is routinely offered to people who are at risk of an opioid overdose (1), in Derbyshire THN is currently provided by specialist substance misuse treatment centres and some hospitals.

Local evidence demonstrates that a sizeable proportion of people at risk of DRD are not currently in contact with substance use services. Further evidence indicates that in Derbyshire, there are a significant number of localities, that have individuals and communities that are at risk of opioid overdose, and that that would not be able to access THN without some form of transport.

Alternative approaches to the provision of THN to this disadvantaged population are therefore required. Community Pharmacies play a vital part in the national approach to the care and management of patients with opioid misuse problems in the UK. Community Pharmacies provide Needle and Syringe Exchange, and Opioid Substitution Therapy, which are both essential components of the multiagency approach to the management of substance use disorders. Pharmacies are familiar and acceptable services, and with their wide geographic availability, pharmacies are an ideal setting to access people at risk of DRD and provide THN.

Naloxone is a prescription-only medicine, so pharmacies cannot sell it over the counter. But under regulations that came into force in October 2015 (3), people working in or for drug treatment services can, as part of their role, supply naloxone, for use to save a life in an emergency opioid overdose, without a prescription. Under these regulations, pharmacies that are commissioned by local authorities (4), to provide needle and syringe programmes, or drug opioid substitution treatments, are permitted to issue naloxone without prescription.

Derbyshire County Council are seeking to expand the provision of THN, via community pharmacies that are currently commissioned to provide needle exchange or opioid substitution, for the financial year 2024/25.

References:

1. Office for National Statistics (2021) Deaths Related to Drug Poisoning in England and Wales: 2020 Registrations Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk) accessed 12/07/2022.
2. O'Halloran C., Cullen K., Njoroge J., Jessop L., Smith J., Hope V., and Ncube F., (2017) The extent of and factors associated with self-reported overdose and self-reported receipt of naloxone among people who inject drugs (PWID) in England, Wales and Northern Ireland. International Journal of Drug Policy, 46, 35-40
3. PHE (2017) Take-home naloxone for opioid overdose in people who use drugs. Public Health England
4. PHE (2019) Widening the availability of naloxone. Available here <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>. Accessed 24th July 2023

## Part 1 – Aims

The primary aim of this pharmacy service is to contribute to a reduction in drug related deaths (DRD) within Derbyshire by:

- a. increasing awareness of overdose risk and the role of naloxone to people at risk of overdose, and offer, and supply THN.
- b. providing education about overdose awareness and what to do in emergency situations, including how to use THN.
- c. providing a convenient supply of replacement THN following emergency use or expiry date.
- d. supporting other relevant harm reduction initiatives (such as needle and syringe exchange).
- e. promoting the role that pharmacies can play in helping to reduce DRD.

## Part 2 – Outputs

The expected outputs of this service are:

- a. provision of harm reduction messages.
- b. Increase in availability of THN in the community for emergency use in opioid overdose.
- c. Increase in awareness of symptoms of opioid overdose and how to respond in an emergency.
- d. Provision of education in the appropriate use of THN in the situation of opioid overdose.

2.1 The desired outcomes of this service are:

- a) A reduction in drug-related deaths.
- b) Improved knowledge skills and confidence for use of THN in services users.
- c) Improved knowledge skills and confidence regarding DRD reduction amongst services users.

## Part 3 - Delivery

### Service Description

THN can be supplied to any individual aged 18 or over with the instruction that “supply shall be for the purpose of saving life in an emergency”.

The primary target groups for the issue of THN supply are those individuals accessing the Supervised Consumption of Methadone and Buprenorphine service, and or Needle and Syringe Exchange service. For such individuals it is appropriate for a pharmacy to consider offering a new supply at frequent intervals, and THN could be offered on every visit, using the principles of ‘opt-out’. It is envisaged that such prompts may encourage individuals to always carry THN with them. For these individuals THN should be available and provided on every initial interaction from service commencement date, unless an individual declines and states that they do not wish to take it. Once an individual has been issued with a kit, the pharmacist should periodically review whether a replacement kit is needed.

THN can also be made available to individuals who are not accessing opioid replacement therapy or needle exchange services, as any member of public over the age of 18 is eligible to be issued with THN on request. Full details of eligibility and exclusion criteria are provided below in the specification.

The pharmacy must ensure that all pharmacy-based staff delivering the THN service have relevant knowledge and have completed the training as set out in this specification.

As part of this service, THN can be offered in either Intranasal (such as Nyxoid 1.8mg nasal spray, or Pebble 1.26mg nasal spray) or Intramuscular (such as Prenoxad 2mg/2ml pre-loaded syringe) formulations. All supplies must be within the expiry date and the recipient must be made aware of the expiry date, and that they should return to the pharmacy for further supply if their kit is used, damaged, or expired.

The THN kit issued will be determined by patient choice and availability:

In delivering this service the Provider will demonstrate compliance with all relevant national standards for service quality and clinical governance including compliance with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.

### Staff Training

Pharmacy staff supplying THN must be appropriately trained, and all staff should complete the free Addiction Professionals Educational Resources FreeLearn: Naloxone Saves Lives online learning package, which can be accessed through the following link <https://www.ap-elearning.org.uk/>. The Pharmacy must keep a log of staff who have completed this training in a training record, including copies of the certificates of completion.

It is important to note that since this training package was created, a new formulation of intranasal naloxone has been made available, similarly, there is potential that additional licensed formulations may become available during the time of this contracts. Which formulation is supplied may therefore vary and it is essential that the training provided to the

individual collecting the naloxone is appropriate for the type of supply made. The current three types of naloxone available as THN are:

- Intramuscular, i.e., “Prenoxad” pre-filled syringe. Product specific training and information can be found here: [Prenoxad Injection](#)
- Intranasal, i.e., Nyxoid 1.8mg nasal spray. Product specific training and information can be found here: [Nyxoid 1.8 mg nasal spray, solution in a single-dose container - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)
- Intranasal, i.e., “Pebble” 1.26mg nasal spray Product specific training and information can be found here: [Naloxone 1.26mg Nasal Spray | How to respond to an opioid overdose by using Naloxone](#)

Council representatives will be available to provide further support to train pharmacy staff if requested by the Pharmacy within the first three months of this contract being published.

The Responsible Pharmacist on duty at any time will retain professional responsibility and the Pharmacy shall retain liability for the Service.

### **Educating individuals on how to administer THN**

THN supply must always be combined with education on:

- a. how to identify an overdose,
- b. how to administer the THN in the preparation form issued,
- c. the importance of calling 999 for an emergency ambulance
- d. how to support the overdose casualty until emergency services arrive.

The pharmacy must ensure that individuals accessing the service are treated with respect and dignity, and interactions with individuals must take place in a designated consultation room to ensure their privacy and safety.

Education must be provided by pharmacy staff to individuals on how to administer THN prior to issuing them with a kit. This can be delivered verbally by pharmacy staff, or individuals can be shown the training videos as accessed through the individual links provided above. The pharmacy staff member must be satisfied that the individual has understood the instructions on how to administer THN prior to issuing a kit.

Pharmacy staff must explain all the below prior to supplying a THN kit to an individual, and be satisfied that they:

- Understand the common factors that increase overdose risk.
- Are able to identify the symptoms of an opioid overdose.
- Understand the actions to take if witnessing a suspected opioid overdose, including:
  - Ensure personal safety first.
  - The importance of calling an ambulance.
  - Place the casualty in the recovery position, or on their side if breathing.
  - Place the casualty on their back if not breathing.
  - Commence CPR if not breathing.
- Know how to administer THN (depending on the type of kit issued).

- Understand the possible side effects of THN.
- Understand the safe storage requirements of THN.
- Know how to open the THN pack and not to do so except for emergency use.
- Know how to dispose of unwanted, expired or used packs and how to source replacements.
- Know how to access information leaflets or training resources if needed.
- Are aware of common myths about THN.

Specific education must also be provided to individuals accessing the service based on the type of THN they are provided with.

If administering Intramuscular THN (i.e. Prenoxad), the following must be explained:

- Inject naloxone into the thigh or upper arm muscle
- Repeat naloxone injections at 2-minute intervals in doses of 0.4mg until breathing commences – Nb., each prefilled syringe contains five x 0.4mg doses.
- If the patient is still non-responsive and the ambulance services have not arrived, additional Naloxone doses can continue to be given at 2-minute intervals if there are other kits available to use.
- Wait with the casualty until the ambulance arrives and safely dispose of the naloxone kit to paramedics.
- Videos that can be used for patient education for Prenoxad can be found here: [Prenoxad Injection](#)

If administering Intranasal THN (i.e Nyxoid 1.8mg nasal spray, or Pebble 1.26mg nasal spray), the following must be explained:

- Give one dose into the nostril immediately on suspecting an opioid overdose while waiting for emergency services.
- Repeat chest compressions and rescue breaths until breathing commences.
- If the first dose does not have an effect, a second dose should be given after 2–3 minutes in the other nostril.
- If the first dose works well but the patient later worsens a second dose should be given immediately in the other nostril.
- Videos that can be used for patient education for Nyxoid 1.8mg nasal spray, can be found here: [Nyxoid 1.8 mg nasal spray, solution in a single-dose container - Audio and Video - \(emc\) \(medicines.org.uk\)](#)
- Videos that can be used for patient education for Pebble 1.26mg nasal spray can be found here: [Guidance for UK Healthcare professionals and drug service workers | Naloxone United Kingdom](#)

The above areas and the process of using the THN kit should be explained and demonstrated using a sample kit and the individual's understanding noted. This should be done each time a kit is issued or replaced.

Pharmacy staff must also make individuals aware that THN has a maximum shelf life of three (3) years. When a kit is issued this should be explained to the individual and the expiry date



noted and told to them. Recipients of THN should be encouraged to return the kit to the service once this expiry date is close, to collect a further supply.

## **Registration**

On an individual's first visit, they should be registered on the web-based monitoring system, PharmOutcomes. Registration should be done in a consultation room to ensure privacy. If access to PharmOutcomes is not available during registration or data entry at a later point is preferred, an individual's data may be temporarily recorded on paper and updated onto the system at a later time.

Refusal by the client to supply any of the requested data items should not preclude their use of the Take Home Naloxone Service. Any missing data fields may be attempted to be completed at a later visit.

Data fields to be entered onto PharmOutcomes on registration are as follows:

- Name/Initials
- Date of Birth
- Address
- Post Code
- Gender

## **Recording Transactions**

On each transaction the Pharmacy staff member supplying the THN to an individual must confirm and record the following on the PharmOutcomes System:

- The date of the transaction.
- Confirmation that the individual is over the age of 18 years old. Identification is not required to prove this, but an individual must provide verbal assurance.
- Confirmation that the individual has received the required education on THN as specified above.
- Confirmation of the type of THN supplied (i.e. type of Intramuscular or Intranasal), including the batch number and expiry date.

## **Eligibility criteria:**

The main intention for the Take Home Naloxone service is to ensure sufficient supplies are available in community settings to enable emergency responses to overdose situations and save lives. As such pharmacy staff can use their judgement about eligibility. Legally there are no restrictions on who THN can be supplied to as long as supply is made for the purpose of saving a life in an emergency. In practice the groups most likely to be supplied THN include:

- i. Any drug user at risk of overdose.
- ii. Clients receiving opioid replacement therapy or injection equipment.
- iii. Prison leavers with a history of drug use.
- iv. Carers, friends, and family members of a drug user at risk of overdose.
- v. Any individual working in an environment where there is a risk of overdose for which the THN may be useful.

- vi. Any other group where exemptions currently apply or where an exemption comes into force during the term of this contract.
- vii. Individuals aged 18 and over. Given that THN is supplied with the purpose of saving life, proof of age and identity is not required for supply to be made. If the person seeking supply is clearly under 18 then the notes within the exclusion criteria should be followed.

Individuals who have been supplied the THN by a commissioned drug treatment service, including pharmacies, should not supply it to others. However, in an emergency, anyone can use any available naloxone to save a life (1).

Although this specification seeks to ensure that residents of Derbyshire County (excluding Derby City), have access to THN, it would not be appropriate to refuse to provide THN based on address. It is also anticipated that a sizeable number of people at increased risk for overdose that may need THN may also be homeless or have no fixed abode.

### **Exclusion Criteria:**

Pharmacies should not issue THN kits to the following:

- i. Individuals whose behaviour breaches acceptable standards, as deemed by the pharmacy, or where their actions or behaviour have posed a risk to staff or others.
- ii. People under the age of 18: given the complexity of THN supply to a person under the age of 18, it is advisable that such young people are signposted to other support services. Derbyshire County Council contracts with organisations listed below to support young people:
  - i. Change Grow Live (CGL), to deliver the Children and Young People's Specialist and Targeted Substance Use Service, contact details of which can be found here <https://www.changegrowlive.org/young-peoples-service-derbyshire>
  - ii. Action for Children, to deliver the Children Affected by the Substance Use of Others service (Space4U), contact details of which can be found here <https://services.actionforchildren.org.uk/derbyshire/space-4-u/>.

Although this specification seeks to ensure that residents of Derbyshire County (excluding Derby City), have access to THN, it would not be appropriate to refuse to provide THN based on their stated address. Similarly, it is anticipated that a sizeable number of people at increased risk for overdose and in need of THN may also be homeless or have no fixed abode and lack of a fixed address should not be an exclusion criteria for THN supply.

### **Naloxone Supply to Pharmacies**

The THN issued through the service shall be provided to the Pharmacy by an external supplier commissioned by the Council.

The Council shall confirm details of this supplier and shall arrange for them to contact the Pharmacy to outline ordering and delivery processes and procedures once contractual arrangements are in place between the Council and the Pharmacy.

To reduce the likelihood of loss of waste, stock holding on site can be kept to a minimum as the Council's contracted THN supplier will have a fast and efficient ordering and delivery system in place. To maintain continuity of service, Pharmacies should order and hold a stock of 10 THN kits, which would normally be five (5) kits each of Intramuscular (i.e. Prenoxad®) and Intranasal (i.e., at either 1.8mg dose Nyxoid® or 1.26mg dose Pebble), unless agreed otherwise with the Council. The stock issued through the Council's contracted THN supplier must only be used for the provision of this service.

Once any of these kits are provided to individuals using the service, replacement stock must be ordered from the supplier.

Any THN that passes its expiry date must not be provided to individuals and must be disposed of. Any expired supplies held by the Pharmacy, or returned to the Pharmacy by individuals, should immediately be placed in sharps collection bins for clinical waste collection and disposal.

Deliveries must be signed for by pharmacy staff and the delivery note retained.

### **Provision of Harm Reduction Information**

Pharmacists and pharmacy staff should offer harm reduction advice within their competencies that may include:

- The benefits of being in drug treatment – being on an opioid substitution programme (i.e., methadone or buprenorphine) reduces the risks to people that misuse opioids
- The factors that increase risks of accidental overdose
- The importance of not using drugs alone, as no one would be able to call for help or administer THN.

Public Health may occasionally supply pharmacies with harm reduction material, for distribution to the Client population. This will normally be carried out as part of a county-wide campaign, e.g. to raise awareness of issues such as overdose or hepatitis C.

In addition, Public Health will notify pharmacies of any urgent health warnings (e.g. possible contaminated street drugs, botulism or anthrax infection risks, etc.), which require communication to the Clients population. The Derby and Derbyshire Local Drug Information System considers all substance use related risks, using National set criteria, and distributes alerts to local professionals.

### **Clinical and Cost Effectiveness**

Pharmacies will:

- Comply with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.
- Demonstrate the principle of 'best value' through continuous improvement taking into account a combination of effectiveness (successful outcomes), efficiency (high productivity) and economy (costs).
- Ensure there is designated clinical leadership and accountability, and clear clinical protocols for effective clinical governance.

- Ensure staff are appropriately supported and supervised, including clinical supervision.

### **Expectations in relation to equality, diversity, and inclusion**

Pharmacies must ensure that all communities within Derbyshire can engage with and use this service, through:

- Ensuring the service offers equitable access to treatment and care.
- Ensure the service meets the duties of the Equality Act 2010, including assisting the Council to meet the public sector equality duty for all the 9 protected characteristics of:
  - a) Age
  - b) Disability
  - c) Gender re-assignment plus gender identity
  - d) Marriage and civil partnership
  - e) Pregnancy and maternity
  - f) Race and ethnicity
  - g) Religion and belief, including non-belief plus cultural background
  - h) Sex
  - i) Sexual orientation

### **Safeguarding**

The pharmacy shall ensure that local safeguarding procedures are followed in a timely and appropriate manner and adheres to statutory and non-statutory guidance in line with the local Safeguarding Children Board and Safeguarding Adults Board policies and procedures:

- Derby and Derbyshire Safeguarding Children Procedures  
<https://derbyshirescbs.proceduresonline.com/index.htm>
- Derby and Derbyshire Adults Protection Policy and Procedures.  
<https://www.derbysab.org.uk/>

All staff operating the service must have an up-to-date Disclosure and Barring Service check.

### **Exit Planning**

This will be a rolling annual contract commencing on the 1 April 2024. If the Council terminates this rolling contract, the Pharmacy must no longer provide individuals with THN past the contract expiry date.

Any unused doses of THN held by the Pharmacy must be disposed of in line with the Pharmacies standard practices.

1. PHE (2019) Widening the availability of naloxone. Available here <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>. Accessed 24th July 2023

## Part 4 – KPI's and Output Measures

Pharmacies are required to complete all required data fields in PharmOutcomes and performance will be monitored as detailed in the table below;

Outcome	Output	Measure	Frequency
Improved awareness and availability of THN in Derbyshire	Number of individuals trained and supplied with THN.	PharmOutcomes data	Monthly

The Council may conduct service evaluation through site visits to Pharmacies and may undertake surveys on an annual basis to capture individuals experience, including a focus on the issues of discrimination, dignity and privacy.

## Part 5 – Budget and Contract Term

The contract will be a rolling annual contract and will commence on 01 April 2024. The Council may choose not to continue the rolling contract on an annual basis and will inform Pharmacies as to any decision made.

Pharmacies can opt to provide this service at any point throughout the financial year by completing an Expression of Interest and signing a contract. The end date of all contracts shall be the end of the financial year in which they sign a contract to deliver the service.

The Council will pay a one-off fee of £250 to all eligible pharmacies who sign up to deliver this service, to cover programme set up and ensure pharmacy staff complete the required training as set out in this specification. Pharmacies must invoice the Council through the process set out in Part 7 of this specification to claim this. This fee is only available to individual Pharmacies once.

The Council will also pay £13 per transaction of THN. Invoices will be generated automatically through PharmOutcomes for this. Transactional costs will cover:

- Pharmacy staff time and associated costs for the THN activity.
- Record keeping activities to include PharmOutcomes data entries.
- Completion of relevant training to ensure maintenance of confidence and competence when supporting people who use substances.

Claims for transaction payment are generated automatically in monthly arrears once inputted by the pharmacy into the PharmOutcomes system. All claims are to be submitted via PharmOutcomes within one (1) month of the transaction taking place. The Council will not pay any claims submitted beyond the one (1) month allowable timescale.

It is the responsibility of the Pharmacy to ensure that their details are up to date in the PharmOutcomes system, and the Council is not liable for any incorrect payments made as a result of Pharmacy details being incorrect.

Pharmacies must also contact the Council in the event of changes of ownership, as new contracts will need to be issued to enable the Pharmacy to continue to deliver the service. The Council is not liable for any payments made incorrectly if Pharmacies do not inform us of changes in ownership.

## **Part 6 – Reports and Contract Management**

The Council will extract activity reports from the web-based monitoring system PharmOutcomes.

## **Part 7 – Order and Invoices**

### **Invoices**

An Invoice will need to be submitted to the Council by each Pharmacy to claim the £250 sign-up fee, covering programme set up and ensuring pharmacy staff complete the required training as set out in this specification.

The Council requires the ability to raise electronic orders, receive electronic invoices and that:

- Invoices always quote the purchase order number and a contact name;

Submission of a bid will be taken as confirmation that your organisation can comply with the stated ordering and invoicing requirements.

## **Part 8 – Response Requirements**

Providers shall complete Appendix B – Response to:

- Express an interest in providing the Community Pharmacy Naloxone Service.
- Confirm agreement to the stated requirements.